

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2016
NAME OF PROVIDER OR SUPPLIER HAVILAND OPERATOR, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAIN HAVILAND, KS 67059		
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F 000	INITIAL COMMENTS	F 000			
F 167 SS=C	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>The following citations represent the findings of a Health Resurvey and Complaint Investigation #99269.</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents. Based on interview and record review the facility failed to ensure residents had the right to review the past state inspections (survey results) which had the potential to affect all residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the admission information shared with residents and families/legal representative revealed the residents had the right to review survey results. <p>During an interview on 6/8/16 at 3:48 PM resident #45 reported he/she did not know he/she could see the results of the previous State inspections. The resident stated he/she did not remember</p>	F 167			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 167	<p>Continued From page 1</p> <p>anyone talking to the residents in resident council or talking to him/her personally about it.</p> <p>During an interview on 6/8/16 at 3:52 PM resident #24 reported he/she did not know where the survey results were or that he/she could look at them.</p> <p>During an interview on 6/8/16 at 4:00 PM resident #41 reported he/she did not know what or where the survey results were or that he/she could look at them.</p> <p>During an interview on 6/8/16 at 4:10 PM resident #14 reported he/she did not know where the survey results were or that he/she could look at them.</p> <p>During an interview on 6/8/216 at 4:23 PM administrative staff C reported the facility told the residents and their families on admission where the past survey results were and reviewed the results with the residents after each survey. Staff C stated the facility did not normally think about the residents knowing where the results were and that they could look at them. Staff C stated the facility focused on whether or not the resident had any concerns the facility needed to work on.</p> <p>Review of the resident rights policy revised on 8/2009 revealed the residents had a right to examine survey results.</p> <p>The facility failed to ensure residents knew they had a right to review the past survey results and failed to make sure residents knew where those survey results were kept.</p>	F 167			
F 279	483.20(d), 483.20(k)(1) DEVELOP	F 279			

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F 279 SS=D	<p>Continued From page 2</p> <p>COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents with 15 residents sampled. Of those, 15 were reviewed for comprehensive care plans. Based on observation, interview, and record review the facility failed to develop a comprehensive care plan for resident #50 to ensure staff provided the special services according to the level II PASRR (Preadmission Screening and Resident Review- a federal requirement to help ensure individuals are not inappropriately placed in nursing homes for long term care) letter recommendations and for resident # 46 related to rejection of cares.</p>			F 279			

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F 279	<p>Continued From page 3</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #50's signed physician order sheet dated 5/16/16 included the following diagnoses: major depressive disorder (major mood disorder), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods) severely depressed without psychosis (any major mental disorder characterized by a gross impairment in reality testing). <p>Review of the admission MDS (minimum data set) dated 3/28/16 revealed a BIMS (brief interview for mental status) score of 14, indicating cognitively intact. The resident had a level II PASRR (Preadmission Screening and Resident Review- a federal requirement to help ensure individuals are not inappropriately placed in nursing homes for long term care) for serious mental illness. The resident had no signs of delirium (sudden severe confusion, disorientation and restlessness) and had a mood score of 5, indicating mild depression. The resident had no delusions, hallucinations, or behaviors. The resident required supervision with set up assistance for all ADLs (activities of daily living). The resident did not receive scheduled pain medication but received as needed (PRN) pain medications and the resident denied pain. The resident received an antipsychotic, antianxiety, and antidepressant medication daily for 7 days of the observation period.</p> <p>Review of the psychotropic drug CAA (care area assessment) dated 3/28/16 revealed the resident</p>	F 279			

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F 279	<p>Continued From page 4</p> <p>received psychotropic medications for management of major depressive disorder, anxiety disorder and bipolar disorder. The resident had a potential for drug toxicity due to long-term psychotropic drug use. Staff monitored the resident for abnormal extremity movements per the AIMS (abnormal involuntary movement scale- used to measure movement abnormalities due to psychotropic drug use side effects) quarterly. The psychiatrist assessed the resident monthly and reviewed the medication regimen. The pharmacy consultant reviewed medications monthly and made recommendations for dosage reduction and/or discontinuation of unnecessary medications PRN.</p> <p>Review of the care plan last reviewed on 3/28/16 revealed the following interventions/plans related to the recommendations for specialized training in the PASRR letter:</p> <p>The resident will participate in the job program by mopping the floors.</p> <p>Staff will prompt the resident PRN to complete his/her job and give verbal praise when completed.</p> <p>The resident will at least partially complete 1-3 scheduled activities a month.</p> <p>If the resident refused to complete scheduled activities, staff will remind/encourage the resident complete a different activity in his/her free time.</p> <p>The resident will work on his/her goal to move out by completing ADLs independently.</p> <p>Staff will educate the resident to complete his/her ADLs routinely.</p> <p>Staff will encourage the resident to attend at least the amount of activities per his/her goal.</p> <p>Staff will encourage/educate the resident on the need for labs to evaluate medication levels.</p> <p>Staff needed to evaluate the effectiveness of pain</p>	F 279			

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F 279	<p>Continued From page 5</p> <p>interventions.</p> <p>If the resident stated his/her back hurt, he/she lay down at times because it helped with pain relief.</p> <p>If the resident reported pain, staff were to offer PRN analgesics to alleviate his/her pain.</p> <p>The resident had a diagnosis of hypertension (elevated blood pressure) and received routine Metoprolol (blood pressure medication).</p> <p>The resident will comply with his/her medication regimen through the review date.</p> <p>The resident will accept his/her medications at the medication cart and/or in the dining room.</p> <p>If the resident refused his/her medications staff would notify the physician.</p> <p>Staff needed to remind the resident to see the psychiatrist when he/she came to the facility.</p> <p>Staff needed to administer medication as ordered and monitor/document for side effects and effectiveness.</p> <p>The care plan lacked any specific education related to the resident's medication regimen, need for each medication and the impact it had on his/her physical and mental health and what could happen if not taken as prescribed.</p> <p>Review of the PASRR determination letter dated 3/18/16 revealed the nursing facility would provide the following: Education about the resident's medication regimen, need for each medication and the impact it had on the resident's health and mental health and what occurred when medications were not taken as prescribed.</p> <p>Review of the care plan meeting notes dated 4/6/16 revealed staff reviewed the initial care plan with the resident but lacked evidence the facility educated the resident on his/her medications,</p>	F 279			

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F 279	<p>Continued From page 6</p> <p>what they were for, and his/her need to follow the medication regimen.</p> <p>Observation on 6/7/16 at 12:44 PM revealed the resident placed wet floor signs down the south hallway and he/she stated that he/she was going to mop the hallway floor.</p> <p>During an interview on 6/7/16 at 10:54 AM the resident reported staff had not taught him/her about the medications he/she took. The resident stated he/she did not know what medications he/she took or why.</p> <p>During an interview on 6/7/16 at 1:12 PM direct care staff D reported the staff had notebooks at the nurse's station that gave them information on what kind of care the resident needed and things the staff needed to monitor for. Staff D also stated he/she got a shift report so if there was anything different the nurse told him/her.</p> <p>During an interview on 6/8/16 at 12:41 PM direct care staff E reported the facility had medications classes where the residents were taught about their medications. Staff E did not know for sure if the resident attended the classes or not. Staff E also reported he/she looked at the mini care plan at the nurse's station to know what kind of care the resident needed and if the staff needed more information they could look at the care plan in administrative nursing staff A's office.</p> <p>During an interview on 6/8/16 at 1:15 PM administrative nursing staff A reported stated he/she looked at the PASRR letter to develop a plan for the resident and he/she did not know if the resident would be giving his/her own medications or if his/her family member would be</p>	F 279			

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F 279	<p>Continued From page 7</p> <p>setting them up. Staff A stated he/she could see where the care plan did not address the need to educate the resident regarding his/her medications, what they were for, and the importance of taking them as prescribed.</p> <p>Review of the care planning policy dated 9/2012 revealed the development of an individualized comprehensive care plan would be completed by the community care planning/interdisciplinary team responsible for each resident.</p> <p>The facility failed to develop an individualized care plan that included providing the resident education related to his/her medications, their purpose, and the need to take them as prescribed as recommended by the PASRR letter.</p> <p>- Review of resident #46's June 2016 POS (Physician Orders Sheet) signed 5/26/16 revealed the following diagnosis: major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness).</p> <p>Review of resident #46's Admission MDS (Minimum Data Set) dated 11/20/15 revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating intact cognition. No behaviors were present or exhibited.</p> <p>Review of the ADLs (Activities of Daily Living)/Functional Status CAA (Care Area Assessment) dated 11/20/15 revealed the resident was able to complete ADLs with prompting/cueing from staff. The resident had long-standing mental illness and presented with potential for self-care deficit as the resident was</p>	F 279			

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F 279	<p>Continued From page 8</p> <p>noted to refuse to bathe 2 days during look back period</p> <p>Review of the resident's Quarterly MDS dated 5/13/16 revealed a BIMS score of 15, indicating intact cognition. The resident had psychomotor retardation behavior present that fluctuated as well as daily rejection of care.</p> <p>Review of the resident's care plan revealed the resident had a potential for self-care deficit due to staff needing to supervise or provide set-up assistance to complete ADLs as related to the resident'S diagnosis of major depressive disorder. Interventions included staff to document if resident completed ADLs or refused. Staff to assist resident with bathing by prompting resident to bathe and to provide needed supplies.</p> <p>Review of a nursing note dated 4/8/16 revealed the resident refused to bathe or shower and staff educated the resident as to the importance of good personal hygiene to assist with the prevention of skin breakdown.</p> <p>Review of a nursing note dated 6/5/16 revealed the resident continued to refuse to bathe/shower; was educated on the importance of maintaining good personal hygiene; and asked to then take a "sponge bath" in sink and to change clothes; refuses; will continue to monitor.</p> <p>An observation on 6/8/16 at 4:43 PM revealed the resident in the hallway by the nurse's station. The resident wore the same red shirt and gray sweats he/she wore during the stage 1 interview 2 days prior.</p> <p>During an interview on 6/8/16 at 8:57 AM direct</p>	F 279			

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F 279	<p>Continued From page 9</p> <p>care staff E stated staff regularly encouraged the resident a lot to perform ADLs such as showers but he/she did not always agree with staff. Staff encouraged the resident daily to take showers and gave him/her what he/she needed to take a shower but the resident refused quite often. When he/she refused staff would notify the nurse and try to re-approach him/her at a later time and with a different staff member.</p> <p>During an interview on 6/9/16 at 7:30 AM the resident stated he/she believed the staff allowed him/her choices with bathing and he/she preferred to have a bath every 4-5 days.</p> <p>During an interview on 6/8/16 at 12:51 PM licensed nursing staff F stated the resident mainly required verbal cues and coaching for ADLs. He/she required more cueing for bathing, and refused. Staff even offer to help him/her with a sink or sponge bath, get him/her towels or whatever he/she needs but politely refused or stated he/she will do it later.</p> <p>During an interview on 6/9/16 at 7:32 AM, administrative nursing staff A stated staff tried to encourage residents to bathe at least three times a week and then see what the resident's pattern was. Staff A acknowledged there were not any interventions included in the care plan that dealt with refusal to take a bath.</p> <p>During an interview on 6/9/16 at 11:18 AM, administrative nursing staff B stated he/she expected staff to keep trying interventions to get the resident to comply with bathing and expected interventions used to be included in the care plan.</p> <p>The facility failed to revise the resident's care plan</p>	F 279			

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F 280	to include interventions for behaviors associated with rejection of care dealing with bathing.				
SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280			
	The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.				
	A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.				
	This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents with 15 residents sampled and reviewed for revision of care plans. Based on observation, interview, and record review the facility failed to revise the care plan for 1 of 15 residents. (#9- behavior management)				
	Findings included:				

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F 280	<p>Continued From page 11</p> <p>- Review of resident #9's signed physician order sheet dated 5/26/16 included the following diagnoses: Paranoid schizophrenia (delusions that a person or some individuals are plotting against them or their family member), major depressive disorder (major mood disorder), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear)</p> <p>Review of the quarterly MDS (minimum data set) dated 1/15/16 revealed resident #9 had a BIMS (brief interview for mental status) of 7 indicating severe cognitive impairment. The resident had signs and symptoms of delirium which included difficulty focusing and disorganized thinking, had trouble concentrating on things, and presented to staff feeling down or depressed with little interest or pleasure in doing things. The resident had hallucinations but no behavioral issues including rejection of care. The resident required set up and supervision with activities of daily living (ADL) and had good balance. The resident received an antipsychotic, antianxiety, and an antidepressant three out of the seven observation days.</p> <p>Review of the annual MDS dated 4/16/16 revealed a BIMS score of 6 indicating severe cognitive impairment. The resident had delusions and hallucinations, behavioral symptoms not directed toward others, and rejection of cares 1-3 days during the 7 day observation period. The resident required the same assistance as he/she did on 1/15/16 with ADLs.</p> <p>Review of cognitive loss CAA (care area assessment) dated 4/28/16, the resident had long standing displays of inattention, changing subjects often, moving slowly, display at times of</p>	F 280			

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F 280	<p>Continued From page 12</p> <p>"shadow boxing in hallways ", hallucinations, and delusions as part of his/her behaviors/diagnoses displayed with Paranoid Schizophrenia, Major Depressive Disorder, and Anxiety Disorder. The resident also refused bathing 2 days during the 7 day observation period.</p> <p>Review of the care plan last reviewed on 4/28/16 revealed the following interventions regarding ADLs (activities of daily living) and what staff needed to do if a resident refused care: The resident required staff prompting, supervision or set-up assistance to complete his/her ADLs. The resident will complete bathing at least 3 times a week. The resident could complete bathing after staff prompted him/her and provided supplies needed. Staff will encourage the resident to complete ADLs as independently as possible and will provide assistance as needed. The care plan lacked interventions to identify what the staff needed to do if the resident refused care, such as bathing.</p> <p>Review of the nurse's notes dated 4/20/16 at 4:05 PM revealed the resident was compliant in medication/treatment administration with some reminders, comes to dining room for meals; personal hygiene is with staff assistance/reminders.</p> <p>Review of the resident's medical record revealed the resident received at least one shower per week since March 2016 but not the three per week as planned. From the time period of 3-16-16 to 4-16-16 the resident has been bathed 5 times.</p> <p>Observation on 6/7/16 at 4:24 PM revealed the</p>	F 280			

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F 280	<p>Continued From page 13</p> <p>resident in line for a cigarette. The resident's hair was stringy and his/her clothing was the same as he/she had on yesterday.</p> <p>Interview with direct care staff D on 6/7/16 at 1:12 PM revealed the staff had notebooks at the nurses' station that gave them information on what kind of care the resident needed and things the staff needed to monitor for. Staff D also stated he/she got a shift report so if there was anything different the nurse told him/her. Staff D stated he/she would report to the nurse if the resident rejected any cares. Staff D also stated he/she documented in the computer if the resident refused to change his/her clothing, bathe, or fluids and then the nurse followed up on it. Staff D stated the aides try to offer assistance throughout the day if the resident refuses or may ask the resident the next day if they wanted to bathe.</p> <p>Interview with direct care staff E on 6/8/16 at 12:26 PM revealed there is a mini care plan in the nurses station that tell direct care staff what care is needed for the resident. Staff E stated the resident did not always like to take his/her baths but he/she is pretty good at it. Staff E stated he/she would ask the resident throughout the day to take a shower and if he/she wouldn't staff would then tell the nurse and make sure to ask the resident again the next day. Staff E reported the resident took at least one bath per week but staff try 3 times and the resident can choose to bathe or not.</p> <p>Interview with licensed nursing staff G on 6/8/16 at 2:31 PM revealed the resident was more friendly and social in the morning. Staff G stated resident did not usually refuse showers and the</p>	F 280			

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F 280	<p>Continued From page 14</p> <p>staff had a tracking sheet to monitor and make sure the resident completed the care, staff would ask the resident if there is anything he/she needed.</p> <p>Interview on 6/9/16 at 1:38 PM with administrative nursing staff A revealed the resident refused to bathe 2 days during the look back period. If a resident refused a shower the staff tried different avenues and if the resident still refused the staff may try different "rewards" if the resident would refuse a bath or other cares such as labs. Administrative staff A stated if a resident refused the care system triggered an alert for the nurse that something needed to be addressed. Staff A reported the care plan should have had alternative interventions in it as to what staff needed to do if the resident refused care.</p> <p>Review of the facility's Care Planning policy dated September 2012 revealed the Community Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident. The policy did not address how often or what would trigger staff to revise a resident's care plan.</p> <p>The facility failed to update the resident's care plan to include directions as to what staff needed to do for resident #9 when he/she refused bathing care.</p>	F 280			
F 329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or</p>	F 329			

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F 329	<p>Continued From page 15</p> <p>without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents. Based on observation, interview and record review the facility failed to ensure residents remained free of unnecessary medications by the failure to monitor behaviors for 2 of 5 residents reviewed for unnecessary medications. (#33, #50)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #33's signed physician orders dated 5/25/16 revealed the following diagnoses: schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought, 	F 329			

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F 329	<p>Continued From page 16</p> <p>perception and emotional reaction), major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness and hopelessness) recurrent severe, tension type headache (pain in head), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), long term (current) drug therapy and drug induced subacute dyskinesia (an impairment of the ability to execute voluntary movements).</p> <p>Review of the annual MDS dated 3/15/16 revealed a BIMS (brief interview on mental status) of 14 indicating normal cognition. The resident had hallucinations and delusions. The resident had improved and had no behaviors. The resident required supervision and set up with his/her daily cares. Medications included an antipsychotic medication, antianxiety, and an antidepressant.</p> <p>Review of the care plan with a revision date of 3/15/15 revealed: The resident received psychotropic medications to treat the resident's anxiety disorder, schizoaffective disorder and major depressive disorder. The resident was at risk for potential drug toxicity. Approaches included; Administer medications as ordered. Monitor/document for side effects and effectiveness. Monitor/record occurrence of target behavior symptoms (isolation, delusional statements) and document per facility protocol.</p> <p>Review of the physician orders signed 5/25/16 revealed: Aripiprazole Lauroxil ER prefilled syringe 662 mg (milligrams) /2.4 ml (milliliter) Inject 2.4 ml</p>	F 329			

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F 329	<p>Continued From page 17</p> <p>intramuscularly 1 time every 28 days for schizoaffective disorder- ordered on 5/25/16 Fluoxetine HCL 20 mg tab 1 by mouth daily for major depressive disorder- ordered on 3/4/16 Lorazepam 1 mg tab by mouth at bedtime for anxiety disorder -ordered on 3/18/15 Haloperidol tablet 2 mg by mouth twice a day for schizoaffective disorder- ordered on 3/3/16 Lorazepam tablet 0.5 mg by mouth 1 tab twice daily for anxiety disorder. - ordered on 3/3/16</p> <p>Review of the psychoactive behavioral monitoring revealed: Target behavior for the use of Geodon was delusions. Note the number of episodes for every shift. No behaviors noted during the months of April, May and June 2016</p> <p>Target behavior for use of Invega Sustenna (Aripiprazole Lauroxil ER) was delusions. Note the number of episodes per shift. No episodes noted during the month of April, May and June 2016.</p> <p>The TAR (treatment administration record (where behaviors are documented) failed to have specific targeted behaviors for the use of Haldol, Lorazepam and Fluoxetine.</p> <p>Review of consulting pharmacist recommendations dated 3/14/16 for a gradual dose reduction for Invega, fluoxetine, lorazepam and Haldol. The physician replied to keep same medications with a statement reading "I feel the benefits of using this drug outweigh the risk to the resident, and I have no changes regarding these medications. Patient would likely decompensate if changed.</p>	F 329			

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F 329	<p>Continued From page 18</p> <p>Observation on 6/7/16 at 9:55 a.m. revealed the resident lay in bed resting with the TV on. The resident answered questions readily when spoken to. No distress noted.</p> <p>Observation on 6/7/16 at 12:30 p.m. revealed the resident sat on the side of his/her bed visiting with another resident. The resident was calm and smiling while talking to the resident.</p> <p>Observation on 6/7/16 at 1:10 p.m. revealed the resident with a group of residents for an outing. The resident was in good spirits.</p> <p>Observation on 6/7/16 at 4:00 p.m. revealed the resident resting in bed covered with a blanket.</p> <p>Observation on 6/8/16 at 7:10 a.m. the resident sat in the TV area waiting for breakfast. The resident was quiet and interacted with other residents in the room.</p> <p>During an interview on 6/7/16 at 9:55 a.m., the resident reported he/she was going to stay in bed all day. It made him/her comfortable. The resident denied pain but reported he/she was having twins today.</p> <p>During a conversation on 6/7/16 at 4:30 p.m., the resident informed the surveyor that he/she had some babies while he/she was lying down but could not remember where he/she put them now. The resident reported he/she was going to have twins later.</p> <p>During an interview on 6/7/16 at 1:24 p.m., direct care staff E reported the resident liked [gender] and thought he/she was married and having a baby. The resident was delusional and often</p>	F 329			

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F 329	<p>Continued From page 19</p> <p>talked about having twins. If the resident had behaviors or was not him/herself, he/she would report the behaviors to the charge nurse.</p> <p>During an interview on 6/8/16 at 8:33 a.m. direct care staff D reported the resident had trouble with delusions mostly about [gender] as his/her lover or child. Sometimes he/she needed someone to sit with him/her during delusions and hallucinations that scared him/her. If staff D noted the resident having any different behaviors or not acting right, he/she charted the behavior and could mark a special alert with the charting informing the nurse of the behavior and what was going on. Also, he/she reported it verbally to the nurse.</p> <p>During an interview on 6/8/16 at 3:32 p.m., direct care staff L reported the resident was not much trouble. The resident bathed on his/her shift and needed coaxing and encouragement because he/she would refuse to bathe. The resident needed reassurance when delusional.</p> <p>During an interview on 6/8/16 at 1:30 p.m. licensed nurse G reported the resident was delusional and thought he/she was pregnant all the time. The physician had worked his/her up even doing a pregnancy test to assure the resident he/she was not pregnant. The physician had adjusted the resident's medications and he/she was less delusional. The nurse reported charting on the resident frequently but did not chart specific targeted behaviors for every medication. There was some behavior monitoring for delusions.</p> <p>During an interview on 6/8/16 at 10:30 a.m. administrative nurse B reported there was no</p>	F 329			

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F 329	<p>Continued From page 20</p> <p>behavior monitoring for all the psychoactive medications the resident received. Nurse B reviewed the resident's TAR and did not locate behavior monitoring for specific targeted behaviors for Haldol, fluoxetine and lorazepam.</p> <p>Review of the facility's policy named Behavior Assessment and Monitoring dated 2/2014 revealed: Problematic behavior would be identified and managed appropriately. If a resident received treatment for problematic behavior or mood, the staff will obtain and document ongoing reassessments of change (positive or negative) in the resident's behavior, mood, and function. The staff will document either in progress notes, behavior assessment forms, or other comparable approaches the following information about specific problem behaviors: number and frequency of episodes, preceding or precipitating factors, interventions attempted and outcomes associated with interventions.</p> <p>The facility failed to ensure resident #33 was free of unnecessary medications by the failure to accurately monitor specific targeted behaviors for psychoactive medications received.</p> <p>- Review of resident #50's signed physician order sheet dated 5/16/16 included the following diagnoses: major depressive disorder (major mood disorder), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods) severely depressed without psychosis (any major mental disorder characterized by a gross impairment in reality</p>	F 329			

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F 329	<p>Continued From page 21 testing).</p> <p>Review of the admission MDS (minimum data set) dated 3/28/16 revealed a BIMS (brief interview for mental status) score of 14, indicating cognitively intact. The resident had a level II PASRR (Preadmission Screening and Resident Review- a federal requirement to help ensure individuals are not inappropriately placed in nursing homes for long term care) for serious mental illness. The resident had no signs of delirium (sudden severe confusion, disorientation and restlessness) and had a mood score of 5, indicating mild depression. The resident had no delusions, hallucinations, or behaviors. The resident required supervision with set up assistance for all ADLs (activities of daily living). The resident did not receive scheduled pain medication but received as needed (PRN) pain medications and the resident denied pain. The resident received an antipsychotic, antianxiety, and antidepressant medication daily for 7 days of the observation period.</p> <p>Review of the psychotropic drug CAA (care area assessment) dated 3/28/16 revealed the resident received psychotropic medications for management of major depressive disorder, anxiety disorder and bipolar disorder. The resident had a potential for drug toxicity due to long-term psychotropic drug use. Staff monitored the resident for abnormal extremity movements per the AIMS (abnormal involuntary movement scale- used to measure movement abnormalities due to psychotropic drug use side effects) quarterly. The psychiatrist assessed the resident monthly and reviewed the medication regimen. The pharmacy consultant reviewed medications monthly and made recommendations for dosage</p>			F 329			

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F 329	<p>Continued From page 22</p> <p>reduction and/or discontinuation of unnecessary medications PRN.</p> <p>Review of the care plan last reviewed on 3/28/16 revealed the following interventions/goals related to medications:</p> <p>Monitor/record medication side effects and report to the physician as necessary.</p> <p>Be aware the resident had the potential for an activity deficit due to major depressive disorder.</p> <p>Know the resident had the potential for ineffective coping due to staying at the facility until the resident's family member could find a home.</p> <p>Staff will prompt/encourage the resident to display manageable behaviors. (Talking with staff if the resident felt depressed instead of isolating him/herself)</p> <p>Monitor/record occurrences of target behavior symptoms (isolation, depression) and document per facility protocol.</p> <p>Monitor behavior episodes and attempt to redirect.</p> <p>Nurses will notify the psychiatrist of any new, continuing/worsening behaviors.</p> <p>Review of the physicians order sheet dated 5/16/16 included the following medication orders:</p> <p>Clonazepam 2 mg (milligram) tablet three times a day for anxiety disorder.</p> <p>Olanzapine 10 mg daily for major depressive disorder</p> <p>Trazodone 100 mg at bedtime for difficulty sleeping</p> <p>Wellbutrin XL 24 hour 150 mg daily for major depressive disorder</p> <p>Divalproex Sodium ER (extended release) 500 mg 2 tablets daily for major depressive disorder</p> <p>Pristiq ER 50 mg daily for major depressive disorder</p>	F 329			

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F 329	<p>Continued From page 23</p> <p>Review of the March, April, May 2016 MAR, (Medication administration record) and TAR (treatment administration record) lacked evidence of monitoring medication effectiveness related to specific targeted behaviors for antipsychotic medications.</p> <p>An observation on 6/8/16 at 9:42 AM the resident mopped the floor down the north hall and another male resident stopped and visited with the resident. The conversation appeared appropriate with no inappropriate interaction noted.</p> <p>During an interview on 6/7/16 at 10:54 AM the resident stated he/she did not really know much about his/her medications but knew he/she needed to take them.</p> <p>During an interview on 6/7/16 at 1:12 PM direct care staff D reported if the resident had a behavior staff documented it in the computer. Staff D stated a special alert came up with different behaviors and if the one the resident exhibited on was not listed, then staff could put in a custom alert like if the resident refused a shower or something like that. Staff D stated the nurse then got the alert and the nurse followed up on it.</p> <p>During an interview on 6/8/16 at 12:42 PM direct care staff E stated he/she had not witnessed any behaviors from the resident. Staff E stated if the resident did anything out of the normal routine he/she would notify the charge nurse.</p> <p>During an interview on 6/8/16 at 2:25 PM licensed nursing staff G reported the resident did not have behaviors but staff monitored the resident for</p>	F 329			

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F 329	<p>Continued From page 24</p> <p>self-isolation and withdrawal. Staff G stated he/she watched the resident a little closer on Monday and Tuesday after returning from a weekend home with his/her family member. Staff G reported there were different ways of monitoring for the behaviors; they could be in a progress note or on the TAR. Staff G stated each medication had an attached behavior specifically for that medication on the TAR.</p> <p>During an interview on 6/8/16 at 9:59 AM administrative nursing staff B reported each resident had specific behaviors on the TAR that he/she expected the nurse to use to monitor the behaviors. If it were anything out of the ordinary the computer popped up an alert that the nurse had to document on to clear prior to leaving for the day. Staff B reviewed the resident's TAR and MAR and stated staff had initiated the behavior monitoring in a different area of the computer instead of on the TAR. Staff B stated he/she did audits but had not caught that staff were not monitoring behaviors for this resident.</p> <p>Review of the behavior assessment and monitoring policy dated 2/2014 revealed if staff treated the resident for problematic behavior or mood; the staff would obtain and document ongoing reassessments of changes (positive or negative) in the individual's behavior, mood, and functions. The staff would document either in progress notes, behavior assessment forms, or other comparable approaches the following information about specific problem behaviors: a. number and frequency; b. preceding or precipitating factors c. Interventions attempted; and d. outcomes associated with interventions.</p> <p>The facility failed to monitor specifically identified</p>	F 329			

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F 329	Continued From page 25	F 329			
F 363	behaviors for a resident who received psychotropic medications.				
SS=F	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED	F 363			
	<p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents. All of the residents received meals prepared in the kitchen. Based on observation, interview and record review the facility failed to serve meals from prepared menus planned for the residents and approved by the registered dietician for all meals served. This had the potential to affect all 46 residents served from the kitchen.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 6/8/16 at 11:10 a.m. revealed the serving of the noon meal was the same food served on 6/7/16 as noted during dining observation on 6/7/16 at 11:30 a.m. The meal consisted of chicken tenders, chicken fried steak, potato wedges, mashed potatoes and gravy and baked beans. <p>During an interview on 6/8/16 at 11:10 a.m., dietary staff H reported the kitchen served lunch restaurant style and if he/she had to have a different menu every day he/she would not have</p>				

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F 363	<p>Continued From page 26</p> <p>the room to store the food. He/she did say they cooked a special menu on Fridays that the residents requested. The cooks used a corporate menu for the breakfast and supper meals. He/she also said dietary did not follow the menus and substituted and picked and chose what they cooked based on resident likes and dislikes. Dietary staff H reported the registered dietician approved the changes to the menu and he/she needed to look for the menus in his/her office.</p> <p>During an interview on 6/8/16 at 11:20 a.m. administrative staff C reported the registered dietician came to the facility just a couple of days prior and he/she spoke to the dietician by phone at approximately 11:15 on 6/8/16. Administrative staff C reported the dietician had approved the menus on that day but had not signed the sheet with his/her approval. Administrative staff C was going to fax the menus to the registered dietician for his/her signature.</p> <p>Review of the dietician consult report dated 5/25/16 revealed no documentation of the registered dietician reviewing the menus or approving them. The report did state the facility planned to offer special options each week and to add some variance to the menus.</p> <p>Review of the revised menu had no documentation from the registered dietician stating his/her review or approval.</p> <p>On 6/8/16 at 3:00 p.m. Administrative staff C brought a copy of the menus he/she had faxed to the registered dietician. The menu had a signature of the registered dietician on it and stated he/she had reviewed the menus and dated the day of his/her last visit on 5/25/16 though the</p>	F 363			

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F 363	<p>Continued From page 27</p> <p>menu dates were for 5/5/16 thru 5/11/16. The dietician did not approve the menus until 3 weeks after the implementation of the menus.</p> <p>During an interview on 6/8/16 at 4:20 p.m. dietary staff H reported the menu for that week of May was the only menu he/she had. When asked about the dates and the RD signature he/she reported he/she did not even remember when he/she was there. When asked if this was the only menu he/she had and if he/she repeated the same menu week after week, he/she reported again that was the only menu he/she had. Dietary staff H was working on another menu but that it was not complete at this time.</p> <p>The surveyor made attempts to contact the registered dietitian. Several attempts were made to contact the registered dietician by phone, twice on 6/8/16 at 1:30 p.m. and 4:00 p.m. and again on 6/9/16 at 8:35 a.m. The registered dietician did not reply to any of the calls.</p> <p>Review of the facility's undated policy called Menus revealed: Menus for regular and therapeutic diets are written at least 2 weeks in advance. The dated menus are posted at least 1 week in advance. The Dietician will review and approve all menus. Menus will be varied for the same day of consecutive weeks. When a cycle menu is used, the cycle shall be of no less than 3 weeks duration.</p> <p>The facility failed to serve meals from prepared menus planned for the residents and approved by the registered dietician for all meals served. This had the potential to affect all 46 residents served from the kitchen.</p>	F 363			

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F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility census totaled 46 residents. The facility prepared and served meals for all 46 residents. Based on observation, interview and record review the facility failed to store and serve foods in a sanitary manner by having undated open food items in the refrigerator and the freezer, a scoop in the bin containing brown sugar and by the inappropriate handling of glassware by the drinking surface. This had the potential to affect all 46 residents.</p> <p>Findings included:</p> <p>- The initial tour of the kitchen on 6/6/16 at 7:50 a.m. revealed the freezer contained 4 pizzas in an open undated bag with no use by date or open date. The refrigerator contained a large bag of chopped onions. The bag was not closed and there was no date on the bag. A large bin marked brown sugar sat in the dry storage area. The scoop sat down in the sugar stored in the bin.</p> <p>During an interview on 6/6/16 at 8:10 a.m., dietary staff H, revealed staff received instructions that all</p>	F 371			

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F 371	<p>Continued From page 29</p> <p>food items needed to be dated before returning the items to the freezer or refrigerator. Staff H also acknowledged there should be no scoop left in the dry goods bins. Staff H removed all food items from the refrigerator and freezer and disposed of them.</p> <p>Review of the policy for Food Receiving and Storage dated January 2016 revealed all food items stored in the refrigerator or freezer must be covered, labeled and dated. The freezer must keep food items frozen solid. Items removed from the original box or packaging must be stored airtight, dated, and contents clearly labeled.</p> <p>The facility failed to store food in a sanitary manner by having undated open food items in the refrigerator and the freezer, and a scoop in the bin containing brown sugar.</p> <p>- Observation on 6/7/16 at 8:10 a.m. revealed dietary staff N serving glasses in the dining room by the drinking surface of the top rim. Staff N reported he/she received training on how to handle glassware and cups by the lower part of the cup he/she just got in a hurry.</p> <p>During an interview on 6/7/16 dietary staff H reported there was no policy for staff handling of glassware. Staff H reported he/she just trained "hands on" with all staff.</p> <p>The facility failed to serve drinks in a sanitary manner by the failure to handle drinkware properly in the dining room.</p>	F 371			
F 406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES	F 406			

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F 406	<p>Continued From page 30</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents with 15 residents sampled. Of those, 1 resident was reviewed for PASRR (Preadmission Screening and Resident Review- a federal requirement to help ensure individuals are not inappropriately placed in nursing homes for long term care). Based on observation, interview, and record review the facility failed to ensure staff provided medication education and training as recommended in the PASRR letter. (#50)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #50's signed physician order sheet dated 5/16/16 included the following diagnoses: major depressive disorder (major mood disorder), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods) severely depressed without psychosis (any major mental disorder characterized by a gross impairment in reality testing). 	F 406			

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F 406	<p>Continued From page 31</p> <p>Review of the admission MDS (minimum data set) dated 3/28/16 revealed a BIMS (brief interview for mental status) score of 14, indicating cognitively intact. The resident had a level II PASRR (Preadmission Screening and Resident Review- a federal requirement to help ensure individuals are not inappropriately placed in nursing homes for long term care) for serious mental illness. The resident had no signs of delirium (sudden severe confusion, disorientation and restlessness) and had a mood score of 5, indicating mild depression. The resident had no delusions, hallucinations, or behaviors. The resident required supervision with set up assistance for all ADLs (activities of daily living). The resident did not receive scheduled pain medication but received as needed (PRN) pain medications and the resident denied pain. The resident received an antipsychotic, antianxiety, and antidepressant medication daily for 7 days of the observation period.</p> <p>Review of the psychotropic drug CAA (care area assessment) dated 3/28/16 revealed the resident received psychotropic medications for management of major depressive disorder, anxiety disorder and bipolar disorder. The resident had a potential for drug toxicity due to long-term psychotropic drug use. Staff monitored the resident for abnormal extremity movements per the AIMS (abnormal involuntary movement scale- used to measure movement abnormalities due to psychotropic drug use side effects) quarterly. The psychiatrist assessed the resident monthly and reviewed the medication regimen. The pharmacy consultant reviewed medications monthly and made recommendations for dosage reduction and/or discontinuation of unnecessary</p>	F 406			

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F 406	<p>Continued From page 32 medications PRN.</p> <p>Review of the psychosocial CAA dated 3/28/16 revealed the resident had a recent admission to the State hospital. The resident had a long-standing history of depression and history of suicide attempts while living on his/her own in the community.</p> <p>Review of the care plan last reviewed on 3/28/16 revealed the following interventions/plans related to the recommendations for specialized training in the PASRR letter: The resident will participate in the job program by mopping the floors. Staff will prompt the resident PRN to complete his/her job and give verbal praise when completed. The resident will at least partially complete 1-3 scheduled activities a month. If the resident refused to complete scheduled activities, staff will remind/encourage the resident complete a different activity in his/her free time. The resident will work on his/her goal to move out by completing ADLs independently. Staff will educate the resident to complete his/her ADLs routinely. Staff will encourage the resident to attend at least the amount of activities per his/her goal. Staff will encourage/educate the resident on the need for labs to evaluate medication levels. Staff needed to evaluate the effectiveness of pain interventions. If the resident stated his/her back hurt, he/she lay down at times because it helped with pain relief. If the resident reported pain, staff were to offer PRN analgesics to alleviate his/her pain. The resident had a diagnosis of hypertension (elevated blood pressure) and received routine</p>	F 406			

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F 406	<p>Continued From page 33</p> <p>Metoprolol (blood pressure medication). The resident will comply with his/her medication regimen through the review date. The resident will accept his/her medications at the medication cart and/or in the dining room. If the resident refused his/her medications staff would notify the physician. Staff needed to remind the resident to see the psychiatrist when he/she came to the facility. Staff needed to administer medication as ordered and monitor/document for side effects and effectiveness.</p> <p>The care plan lacked any specific education related to the resident's medication regimen, need for each medication and the impact it had on his/her physical and mental health and what could happen if not taken as prescribed.</p> <p>Review of the PASRR determination letter dated 3/18/16 revealed the nursing facility would provide the following: Education about the resident's medication regimen, need for each medication and the impact it had on the resident's health and mental health and what occurred when medications were not taken as prescribed.</p> <p>Review of the care plan meeting notes dated 4/6/16 revealed that staff reviewed the initial care plan with the resident but lacked evidence that the facility educated the resident on his/her medications, what they were for and his/her need to follow the medication regimen.</p> <p>Review of the medication class dated 5/23/16 that reviewed medications for depressive disorders and their side effects revealed the resident did not attend the class.</p>	F 406			

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F 406	<p>Continued From page 34</p> <p>Observation on 6/7/16 at 12:44 PM revealed the resident placed wet floor signs down the south hallway and he/she stated that he/she was going to mop the hallway floor.</p> <p>On 6/8/16 at 9:36 AM the resident mopped the north hallway.</p> <p>During an interview on 6/7/16 at 10:54 AM the resident reported staff had not taught him/her about the medications he/she took. The resident stated he/she did not know what medications he/she took or why.</p> <p>During an interview on 6/7/16 at 1:12 PM direct care staff D reported the resident needed prompting to accomplish ADLs otherwise the resident asked staff for things he/she needed..</p> <p>During an interview on 6/8/16 at 12:41 PM direct care staff E reported the facility had medications classes where the residents were taught about their medications. Staff did not know for sure if the resident attended the classes or not.</p> <p>During an interview on 6/8/16 at 1:15 PM administrative nursing staff A reported the resident had a "move out goal" to be able to move out with his/her family. Staff A stated he/she did not know if the resident would have someone else help him/her set up the medications or if the resident would do it him/herself and had would wait until he/she found that information out to provide education. Staff A stated he/she agreed the care plan did not identify the education need of the resident related to his/her medications.</p> <p>During an interview on 6/8/16 at 2:21 PM licensed</p>	F 406			

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F 406	Continued From page 35 nursing staff G reported he/she taught the medication class and discussed specific types of medications and PRN medications not each resident's specific medications. Review of the admissions to the facility policy dated 3/2/15 revealed residents admitted to the facility would have a level 2 PASRR completed prior to admission based upon State and federal guidelines. The facility would follow guidelines listed in the level 2 letter. The facility failed to provide medication education as recommended according to the level 2 PASRR letter for resident #50.	F 406			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: The facility census totaled 46 residents with 15 residents included in the sample. Based on observation, interview and record review the pharmacy failed to ensure the facility staff were administering medications for specific targeted behaviors and monitoring for specific targeted	F 428			

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F 428	<p>Continued From page 36</p> <p>behaviors for 2 of 5 residents reviewed for unnecessary medications. (#33, #50)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #33's signed physician orders dated 5/25/16 revealed the following diagnoses: schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought, perception and emotional reaction), major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness and hopelessness) recurrent severe, tension type headache (pain in head), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), long term (current) drug therapy and drug induced subacute dyskinesia (an impairment of the ability to execute voluntary movements). <p>Review of the annual MDS dated 3/15/16 revealed a BIMS (brief interview on mental status) of 14 indicating normal cognition. The resident had hallucinations and delusions. The assessment indicated the resident had improved and had no behaviors. Medications included an antipsychotic medication, antianxiety, and an antidepressant.</p> <p>Review of the care plan with a revision date of 3/15/15 revealed: The resident received psychotropic medications to treat the resident's anxiety disorder, schizoaffective disorder and major depressive disorder. The resident was at risk for potential drug toxicity. Approaches</p>	F 428			

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F 428	<p>Continued From page 37</p> <p>included; Administer medications as ordered. Monitor/document for side effects and effectiveness. Monitor/record occurrence of target behavior symptoms (isolation, delusional statements) and document per facility protocol.</p> <p>Review of the physician orders signed 5/25/16 revealed: Aripiprazole Lauroxil ER prefilled syringe 662 mg (milligrams) /2.4 ml (milliliter) Inject 2.4 ml intramuscularly 1 time every 28 days for schizoaffective disorder- ordered on 5/25/16 Fluoxetine HCL 20 mg tab 1 by mouth daily for major depressive disorder- ordered on 3/4/16 Lorazepam 1 mg tab by mouth at bedtime for anxiety disorder -ordered on 3/18/15 Haloperidol tablet 2 mg by mouth twice a day for schizoaffective disorder- ordered on 3/3/16 Lorazepam tablet 0.5 mg by mouth 1 tab twice daily for anxiety disorder. - ordered on 3/3/16</p> <p>Review of the psychoactive behavioral monitoring revealed: Target behavior for the use of Geodon was delusions. Note the number of episodes for every shift. No behaviors noted during the months of April, May and June 2016</p> <p>Target behavior for use of Invega Sustenna (Aripiprazole Lauroxil ER) was delusions. Note the number of episodes per shift. No episodes noted during the month of April, May and June 2016.</p> <p>The TAR (treatment administration record- where behaviors are documented) failed to have specific targeted behaviors for the use of Haldol, Lorazepam and Fluoxetine.</p>	F 428			

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F 428	<p>Continued From page 38</p> <p>Review of consulting pharmacist recommendations dated 3/14/16 for a gradual dose reduction for Invega, Fluoxetine, Lorazepam and Haldol. The physician replied to keep same medications with a statement reading "I feel the benefits of using this drug outweigh the risk to the resident, and I have no changes regarding these medications. Patient would likely decompensate if changed.</p> <p>Review of the pharmacy consultant monthly medication review revealed: 5/19/15- medication review. no irregularities 6/15/15- medication review. no irregularities 7/16/16- medication review. no irregularities 8/19/15- medication review. no irregularities 9/16/15- medication review. no irregularities 10/15/15- medication review. no irregularities 11/17/15- medication review. no irregularities 12/16/15- medication review. no irregularities 1/19/16- medication review. no irregularities 2/15/16- Consider changing Mobic to Acetaminophen, and Loratadine to 10 mg daily as needed. 3/18/16- No irregularities noted, multiple behavior medication changes. 5/16/16- No irregularities noted</p> <p>During an interview on 6/7/16 at 9:55 a.m., the resident reported he/she was going to stay in bed all day. It made him/her comfortable. The resident denied pain but reported he/she was having twins today.</p> <p>During a conversation on 6/7/16 at 4:30 p.m., the resident informed the surveyor that he/she had some babies while he/she was lying down but could not remember where he/she put them now. The resident reported he/she was going to have</p>	F 428			

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F 428	<p>Continued From page 39 twins later.</p> <p>During an interview on 6/7/16 at 1:24 p.m., direct care staff E reported the resident liked [gender] and thought he/she was married and having a baby. The resident was delusional and often talked about having twins. When the resident had behaviors or was not him/herself, he/she would report the behaviors to the charge nurse.</p> <p>During an interview on 6/8/16 at 1:30 p.m. licensed nurse G reported the resident was delusional and thought he/she was pregnant all the time. The physician had worked his/her up even doing a pregnancy test to assure the resident he/she was not pregnant. The physician had adjusted the resident's medications and he/she was less delusional. The nurse reported charting on the resident frequently but did not chart specific targeted behaviors for every medication. There was some behavior monitoring for delusions in the TAR but not for every medication. No behavior monitoring for Haldol</p> <p>During an interview on 6/8/16 at 10:30 a.m. administrative nurse B reported there was no behavior monitoring for all the psychoactive medications the resident received. Nurse B reviewed the resident's TAR and did not locate behavior monitoring for specific targeted behaviors for Haldol, Fluoxetine and Lorazepam.</p> <p>During an interview on 6/13/16 at 8:41 AM pharmacy consultant O reported he/she did look at the TAR for behavior monitoring as well as the computer documentation for any holes in the documentation. Consultant O stated the facility had a good system in place and he/she had just missed identifying the two residents surveyors</p>	F 428			

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F 428	<p>Continued From page 40 identified without specific targeted behaviors.</p> <p>Review of the facility's policy named Pharmacy Services Overview dated 4/2007 revealed: The facility shall accurately and safely provide or obtain pharmacy services including the provision of routine and emergency medications, and biologicals, and the services of a licensed Pharmacist. The facility shall contract with a licensed pharmacist to help it obtain and maintain timely and appropriate pharmacy services that support residents' needs, are consistent with current standards of practice, and meet state and federal requirements.</p> <p>The pharmacy failed to ensure the facility staff were administering medications for specific targeted behaviors and monitoring for specific targeted behaviors for 3 residents reviewed for unnecessary medications.</p> <p>- Review of resident #50's signed physician order sheet dated 5/16/16 included the following diagnoses: major depressive disorder (major mood disorder), anxiety disorder (a mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods) severely depressed without psychosis (any major mental disorder characterized by a gross impairment in reality testing).</p> <p>Review of the admission MDS (minimum data set) dated 3/28/16 revealed a BIMS (brief interview for mental status) score of 14, indicating cognitively intact. The resident had a level II PASRR (Preadmission Screening and Resident</p>	F 428			

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F 428	<p>Continued From page 41</p> <p>Review- a federal requirement to help ensure individuals are not inappropriately placed in nursing homes for long term care) for serious mental illness. The resident had no signs of delirium (sudden severe confusion, disorientation and restlessness) and had a mood score of 5, indicating mild depression. The resident had no delusions, hallucinations, or behaviors. The resident received an antipsychotic, antianxiety, and antidepressant medication daily for 7 days of the observation period.</p> <p>Review of the psychotropic drug CAA (care area assessment) dated 3/28/16 revealed the resident received psychotropic medications for management of major depressive disorder, anxiety disorder and bipolar disorder.</p> <p>Review of the care plan last reviewed on 3/28/16 revealed the following interventions/goals related to medical record review: Monitor/record occurrence of for target behavior symptoms (isolation, depression) and document per facility protocol. The pharmacy consultant needed to review medications monthly and recommend dosage reduction and/or discontinuation of unnecessary medications.</p> <p>Review of the physicians orders dated 5/16/16 included the following medications: Clonazepam 2 mg (milligram) tablet three times a day for anxiety disorder Olanzapine 10 mg daily for major depressive disorder Trazodone 100 mg at bedtime for difficulty sleeping Wellbutrin XL 24 hour 150 mg daily for major depressive disorder</p>	F 428			

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F 428	<p>Continued From page 42</p> <p>Divalproex Sodium ER (extended release) 500 mg 2 tablets daily for major depressive disorder</p> <p>Pristiq ER 50 mg daily for major depressive disorder</p> <p>Review of the March, April, and May 2016 MAR (Medication administration record) and TAR (treatment administration record) lacked evidence of monitoring medication effectiveness related to specific targeted behaviors for antipsychotic medications.</p> <p>Review of the pharmacy review April and May of 2016 failed to identify the facility had not monitored the resident for specific targeted behaviors related to psychotropic medications.</p> <p>An observation on 6/8/16 at 9:42 AM the resident mopped the floor down the north hall and another male resident stopped and visited with the resident. The conversation appeared appropriate with no inappropriate interaction noted.</p> <p>During an interview on 6/7/16 at 10:54 AM the resident stated he/she did not really know much about his/her medications but knew he/she needed to take them.</p> <p>During an interview on 6/7/16 at 1:12 PM direct care staff D reported if the resident had a behavior, staff documented it in the computer. Staff D stated a special alert came up with different behaviors and if the one the resident exhibited on was not listed, then staff could put in a custom alert like if the resident refused a shower or something like that. Staff D stated the nurse then got the alert and followed up on it.</p> <p>During an interview on 6/9/16 at 1:15 PM</p>	F 428			

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F 428	Continued From page 43 administrative nursing staff B reported the pharmacist did look at the behavior monitoring on the TAR but he/she must have missed that staff were not monitoring behaviors. During an interview on 6/13/16 at 8:41 AM consultant pharmacist staff O reported he/she looked at the TAR for behavior monitoring. Staff O stated he/she must have just missed identifying staff had not monitored for the targeted behaviors for the resident. Review of the pharmacy services policy dated 4/2007 revealed the facility would contract with a licensed pharmacist to help establish procedures for conducting the monthly medication regimen review for each resident in the facility.	F 428			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility failed to ensure the consultant pharmacist identified irregularities related to the lack of monitoring of specific targeted behaviors. The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441			

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F 441	<p>Continued From page 44 actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 46. The facility had 2 halls where residents resided. The facility employed one housekeeper who cleaned both halls potentially effecting the entire resident population. Based on observation, interview and record review, the facility failed to provide a sanitary environment to prevent the development and transmission of disease and infection when housekeeping staff failed to properly sanitize resident's rooms, failed to cover the linen cart while distributing clean blankets, and failed to change gloves when finished cleaning one resident room and before starting to clean a different resident room. The facility also failed to</p>	F 441			

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F 441	<p>Continued From page 45</p> <p>ensure dietary staff properly covered open wounds on hands prior to preparing meals for all residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 6/8/16 at 9:09 AM revealed housekeeping staff I replenished the clean linen closet on the south hall with blankets. The laundry cart staff I used to transport the blankets was not covered with a sheet to protect clean items during transport in the hallway. <p>Observation on 6/8/16 at 9:13 AM revealed housekeeping staff I donned a pair of disposable gloves before starting to clean a resident room. Staff I sprayed orange oil surface cleaner on the sink area. At 9:23 AM staff I started to wet mop the tile floor with water that had Ecolab Oasis 100 floor cleaning product added to it, and finished mopping at 9:24 AM. At 9:25 AM staff I went to the adjacent resident room to start cleaning without changing his/her gloves after finishing with the original room. At 9:28 AM staff I sprayed disinfectant on the toilet bowl and surrounding surfaces. At 9:32 AM staff I wiped down the surface of the toilet with a dry cleaning rag. At 9:33 AM staff I changed gloves.</p> <p>After staff I finished cleaning the resident room, he/she was asked about the wet time (time determined by the manufacture where the product must stay wet in order to work as indicated) for the disinfectant cleaner. Staff I stated he/she thought the wet time was about 5 minutes.</p> <p>During an interview on 6/9/16 at 7:44 AM maintenance supervisor staff J stated staff should</p>	F 441			

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F 441	<p>Continued From page 46</p> <p>use disinfectant cleaner on any surface residents touched and believed the product needed to stay wet for 5 minutes. Staff J stated the facility utilized Keystone Disinfectant Cleaner 2.0 and provided information from the manufacturer which listed a wet time for disinfection effectiveness as being 10 minutes. Staff J stated he/she expected staff to change gloves after the toilet was cleaned and before starting on a different resident room.</p> <p>Review of the Cleaning and Disinfection of Environmental Surfaces policy (Revised August 2010) revealed: Environmental surfaces should be cleaned and disinfected according to current CDC (Centers for Disease Control) recommendations for disinfection of healthcare facilities and the OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard. Non-critical environmental surfaces include bedside tables, furniture and floors. Non-critical surfaces should be disinfected with an EPA (Environmental Protection Agency)-registered intermediate or low-level hospital disinfectant according to the label's safety precaution and use directions.</p> <p>The facility failed to prevent the development and transmission of infection when staff failed to properly sanitize resident rooms, change gloves between resident rooms and cover clean linens while transporting in the hallway.</p> <p>- Observation on 6/6/16 at 7:50 a.m. dietary staff H had open, partially scabbed wounds to the back of his/her right hand and the upper left wrist. No dressings or bandages were present on the wounds. Dietary staff H worked in the kitchen assisting the cook in preparing food for the</p>	F 441			

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F 441	<p>Continued From page 47 breakfast meal.</p> <p>During an interview on 6/6/16 at 8:05 a.m., dietary staff H reported the policy for open wounds included to keep them covered with a bandage at all times.</p> <p>Observation on 6/6/16 at 8:20 a.m. revealed staff H had all wounds covered with bandages.</p> <p>The facility failed to provide a policy regarding open wounds on staff as requested on 6/6/16.</p> <p>The facility failed to prevent the spread of infections by allowing staff H to work in the kitchen with open wounds.</p>	F 441			